

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: _____		2 Serial/Patent # _____										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input checked="" type="checkbox"/>	Filing			\$ 100								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$ 50								
		7 TOTAL AMOUNT OF REFUND		\$ 100								
10 REASON:		8 TO BE REFUNDED BY:										
<input checked="" type="checkbox"/> Overpayment		Treasury Check										
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:										
<input type="checkbox"/> No Fee Due (Explanation):		<div style="display: flex; align-items: center;"> 9 <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>						--				
		--										
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>John Anderson</u>			TITLE: <u>Paralegal Specialist</u>									
SIGNATURE: <u>John Anderson</u>			PHONE: <u>308-9140 X 211</u>									
OFFICE: <u>ACT-DO/EO</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____			DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: